

creasing until four weeks before he was brought under observation, when he was perfectly helpless. He had severe vomiting, preceded by nausea and markedly of the projectile variety, the matter ejected being merely mucus without bile. Often in the night or during the morning he complained of most fearful headaches, which were frequently accompanied by vomiting. The headaches were referred to the forehead, but seemed to radiate more or less over the whole head.

When he entered the hospital the gait was very unsteady, tottering and irregular, ataxic in character. His head had always been large. When examined he seemed fairly well nourished, had exaggerated ankle clonus, more marked in the left foot than in the right; coordination greatly impaired. Terrific headaches following vomiting spells; totally blind; pupils dilated; hearing nearly normal; smell impaired, but various odors recognized; taste normal; touch somewhat blunted. No appreciable nerve impairment in either auditory nerve. Double optic atrophy. Secondary congestion of veins had lessened, and they were smaller than normal while arteries were threadlike.

An X-ray photograph did not give anything definite. As the symptoms of the boy grew worse, there were involuntary evacuations from the bladder and bowel, and an increase in the severity of the headaches. Trephining was done over the right frontal lobe to relieve the intracranial pressure. As it was not considered justifiable to remove the cerebellar tumor, an opening was made about half an inch to the right of the median line, well in advance of the motor area. After exposing the brain, a needle was passed downward and backward through the brain tissue, and at the depth of about an inch it entered a free cavity. When in the free cavity fluid escaped, and it seemed that the needle had entered a cyst. The fluid was clear, saline, normal, cerebrospinal fluid. After the withdrawal of two or three ounces, the needle was taken out and brain was incised. It was found that the cyst was really a greatly distended lateral ventricle due to internal hydrocephalus. After the escape of eight or ten ounces of this fluid, the ventricle was packed with strips of iodoform gauze. The boy did well for thirty-six hours, when high temperature developed and he died.

At autopsy there was found to be a cerebellar tumor situate in the left hemisphere of the cerebellum close to the median line and pressing upon the right and middle lobes of the cerebellum. Microscopical examination showed the typical structure of a glioma, quite vascular in character.

JELLIFFE.

ZUR KENNTNISS DER LEUKÄMISCHEN ERKRANKUNG DES CENTRALNERVENSYSTEMS (Leucemic Affection of the Central Nervous System). R. Spitz (Deutsche Zeitschrift für Nervenheilkunde, 1901, xix, 5 and 6, s. 467).

The author reviews the literature of nervous affections in leucemia and gives the anatomical findings in a case examined by him. The changes in the nervous system are somewhat different in acute and in chronic leucemia. In the former consisting mainly of hemorrhages and cellular aggregations (lymphomata), and in the latter of sclerotic or softened foci. The case examined by him was an acute one, that of a woman of forty-seven years, dying after an illness of about five weeks. The macroscopic changes were practically negative, but upon microscopical examination extensive lesions were revealed. These consisted in the main in multiple foci and changes in

the very fine vessels. The foci were but few in the cervical region (only this portion of the cord was severed for examination), more numerous in the pons, and again fewer toward the cortex. They were found mainly in the white matter, to a less extent in the gray matter, and varied much in size, all being too small to be plain to the naked eye. These foci consisted of aggregations of round cells mainly mononuclear, polynuclear cells being rare and eosinophiles not found. Many of the larger foci showed central necrosis and were not unlike cheesy tubercles in appearance. The nerve sheaths were not unaffected, but showed here and there degeneration, both by Marchi and by other methods. The capillaries were distended with leucocytes and the advection showed round celled infiltration. The nerve symptoms observed *intra vitam* were insignificant compared to the extent of the changes. This the author thinks is due to the fact that they were to some extent masked by the severe general symptoms of the disease.

He next considers briefly observations recorded by a number of other authors and compares them with his own case. Bulbar symptoms he finds most common. Chronic leucemia seems to have a special tendency to attack, the midbrain and afterbrain and the nerves arising from them, the spinal cord and its nerves being less frequently affected. The changes in acute and those in chronic leucemia differ mainly in degree, the nerve degeneration and sclerotic alterations being wanting in the former. A copious list of references is given at the end of the article.

ALLEN.

BERI-BERI. Francis Clark (British Medical Journal, 1900, May 12, p. 1,152).

The following is a résumé of the history of an outbreak of beri-beri at the Berlin Foundling House, West Point, described by the author. It is stated that the Blind Home, a one-story building, which maintains about sixteen children, and is now closed, has had cases of beri-beri among the inmates since July of last year, the first case to occur being said to have been an infant who was admitted suffering from the disease. From the records, I find, however, that only one death has occurred at the Blind Home during this period—namely, a female child four years old, whose death was registered as due to beri-beri. The children from the Blind Home attended divine worship at the Berlin Foundling House on Sundays, and a European nurse employed at the latter visited the Blind Home daily, and the authorities of the Foundling House are of the opinion that the infection must have been introduced from the Blind Home in some manner or other. The first two children to be attacked were two who were being (surgically) dressed by the above-mentioned nurse, one for an affection of the eyes, and the other for some skin affection, although I cannot gather that either of them had open wounds. Within two days, however, of these two children showing symptoms of the disease, no fewer than fifty to sixty others were attacked. Up to December 7 the House contained 102 Chinese children and girls up to 16 or 17 years of age, and on that date sixty-nine school children, all of whom were said to be suffering from beri-beri, were sent to the neighboring Portuguese colony of Macao with six big girls (who were free from the disease) to assist in looking after them, thus leaving twenty-seven healthy children in the House. These latter have remained healthy, although no change has been made in the dietary or source of food supply. Two of the children sent to Macao died shortly after arrival there, but the remainder are